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APPLICANTS

George W Keilman, Woodinville, WA;
 George E Cimochowski, Dallas, PA;

**** CONTINUING DATA *******

This application is a DIV of 09/028,154 02/23/1998 PAT 6,231,516

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ******** 12/21/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 14	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

22504

TITLE

ENDOLUMINAL IMPLANT WITH THERAPEUTIC AND DIAGNOSTIC CAPABILITY

FILING FEE RECEIVED 1480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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